



ASSERTION TO DECLINE ONGOING TESTS

MIDWIFE:	LICENSE #:
PHONE:	EMAIL:

CLIENT #:	NAME:	PHONE:
DOB:	ADDRESS:	EMAIL:

The Midwife and the Client affirm with their signatures below, the midwife has informed the client of potential risks to both mother and child for declining a test. Understanding the potential risks, the client has declined the test(s) identified on this form.

<u>Test</u>	<u>Risks of declining for the mother</u>	<u>Risks of declining for the child</u>	<u>Date Declined</u>	<u>Client Initials</u>	<u>Midwife Initials</u>
Hematocrit and hemoglobin or complete blood count test (28-36 weeks gestation)	Anemia/ polycythemia, increased risk of hemorrhage	Increased potential for respiratory distress syndrome, stillbirth, and anomalies			
Vaginal-rectal swab for Group B Strep (35-37 weeks gestation)	Problematic infection	Failure to treat could lead to meningitis, respiratory distress syndrome, stillbirth, and fetal anomalies			

<u>Ultrasound</u>	<u>Risks of declining for the mother</u>	<u>Risks of declining for the child</u>	<u>Date Declined</u>	<u>Client Initials</u>	<u>Midwife Initials</u>
To determine placental location & risk for placenta previa/accrete (recommended between 18-20 weeks gestation)	Severe and painful bleeding during labor/ delivery	Undiagnosed/ unknown anomalies which could result in injury or demise			
Follow-up to determine placental location & risk for placenta previa/accreta	Severe and painful bleeding during labor/ delivery	Undiagnosed/ unknown anomalies which could result in injury or demise			
To confirm fetal presentation & estimated weight for breech pregnancy (36-37 weeks gestation)	Severe and painful bleeding during labor/ delivery	Increased risk of death			

Client signature:	Date:
Midwife signature:	Date: